

# Patient Care News

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April 2012

## April is Donate Life Month

*Submitted by: Chris Nelson, Communications*

Hospitals give the gifts of life and sight. St. Cloud, Melrose and Long Prairie hospitals partner with LifeSource and Minnesota Lions Eye Bank, non-profit organizations dedicated to saving and changing lives through organ, tissue and eye donation in the Upper Midwest. In 2011:

- St. Cloud Hospital had seven organ donors who benefited 19 organ recipients and 12 tissue donors who benefited approximately 600 recipients. Forty-three eye donations resulted in 51 cornea transplants and 29 eyes were devoted to medical research and education.
- CentraCare Health System Long Prairie had one eye donor, providing two eyes devoted to research.
- CentraCare Health System Melrose had two tissue donors who helped benefit an estimated 100 tissue recipients and one eye donor, providing two eyes devoted to research.

Support Donate Life America's "20 million in 2012" campaign to increase the number of people registered on state donor registries by 20 million this year by promoting eye, organ and tissue donation, especially during April (Donate Life Month).

- Currently, 113,000 Americans are waiting for organ transplants.
- About 6,500 Americans will die waiting each year — that's 18 every day.
- Each year, an additional 3,500 people will become too ill to remain on the transplant waiting list.
- Each day, 100 more names are added to the waiting list.
- One person can touch up to 60 lives through organ, tissue and eye donation.
- Thousands of eye donors have given the gift of sight, helping Minnesota Lions Eye Bank provide more than 25,000 corneas for transplant and more than 22,000 eyes for research and education.

Please take the steps to donate life and sight -- check the box on your driver's license and share your wishes with your loved ones. To learn more about organ, tissue and eye donation or how you can register to be a donor, visit [www.donatelifemn.org](http://www.donatelifemn.org), [www.agiftofsight.org](http://www.agiftofsight.org). or [www.centracare.com](http://www.centracare.com).



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## What is the PEAR Room?

*Kathy McDowall, RN - Endoscopy*

*Dena Walz, RN - Endoscopy*

This room in the Endoscopy area at St. Cloud Hospital is a five-bed recovery room, located next to the ETC. With the increasing role of Endoscopy in both diagnostic and therapeutic procedures the need for advanced anesthesia coverage becomes a must for both patient safety and patient satisfaction for best practice outcomes. Our area has consistently grown by 10% for the last few years. We are now able to offer endoscopic ultrasound, which is an added benefit to the patients of central Minnesota. With this increase in procedure volume, we were challenged to think of innovative ways to take care of our patients in a safe, efficient and effective manner.

Being able to keep recovering patients in close proximity to their physicians, anesthesiologists, and nurses is a great advantage for both patients and staff.

We "The Endo PEAR Staff" are excited about the positive way this recovery room is used in our current plan of care. We have had wonderful compliments from physicians, patients, families and staff. We know that with continued growth we will need to find space to suit our needs but in the meantime we are confident that this is a win/win for all involved.

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## Celebrate Nurses Week: April 30th - May 4th

Chris Nelson, Communications

Nurses are invited to enjoy these special celebrations in recognition of their hard work and dedication throughout the year. Schedule for the week includes:

- **April 30:** A Blessing of Hands Ceremony  
8 a.m., CentraCare Health Plaza, Meditation Room  
9 a.m., St. Cloud Hospital Chapel
- **May 1:** Family Feud playoffs  
8 a.m., 10 a.m., 2 p.m., 4 p.m., Hoppe Auditorium
- **May 2:** "Manage stress and enjoy life more," presented by Cowboy Dave  
Noon to 1 p.m. and 5:30-6:30 p.m., Hoppe Auditorium  
(Noon to 1 p.m., Televised in Hughes Mathews Room, CCHP)
- **May 3**  
Nurses Breakfast  
7:30-10:30 a.m., Spruce Room  
  
5-Minute Chair Massages  
8-10 a.m., Oak Room  
  
Presentation of Nursing Research, EBP, DAISY and Poster Award Winners  
9 a.m., Spruce Room  
  
Family Feud Championship Round  
10 a.m., Spruce Room

Other activities include slide show, door prizes and poster display. Nurses are encouraged to bring a donation to the brunch which will be used for funding Bereavement Boxes. Visit CentraNet under the Messenger tab for a list of Nurses Week activities and interesting facts about nursing. Posters will be on display, April 30-May 2, in C Lobby.

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## Help Provide Hope and Healing: Donate to Gift of Hope Grief Boxes

Submitted by: Chris Nelson, Communications

Dealing with a death is difficult, even when it is expected. To help cope with the death of a loved one at St. Cloud Hospital, a Gift of Hope Grief box is presented to the family. Each box includes donated handmade bookmarks, an inspirational poem, the booklet "My Friend, I Care," a journal and pen, a sympathy letter written in six different languages given on behalf of St. Cloud Hospital and a sympathy card that is signed by all of the staff who cared for the patient. The card provides closure for the family as well as the staff who became close to the patient and family.

The gift of Hope Grief Box project, started in 2005, disbursed 660 boxes to families who had lost a loved one in 2011. We anticipate a greater demand for these boxes as the hospital continues to grow. In order to cover the demand, please consider making a donation to the Gift of Hope Grief Box project through the CentraCare Health Foundation by calling (320) 240-2810.

There will be an opportunity to donate to the Gift of Hope Grief Box project at the Nurses Day Breakfast on May 3rd.

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## Nursing Research Committee Literature Review: Hourly Rounding: Challenges with Implementation of an Evidence-Based Process

Pam Rickbeil MSN, RN, CNS

Clinical Nurse Specialist: Education and Professional Development Department

Deitrick, L.; Baker, K.; Paxton, H.; Flores, M.; Swavely, D. (2012). Hourly Rounding: challenges with Implementation of an Evidence-Based Process. *Journal of Nursing Care Quality*, 27(1), 13-19.

Like the article that Roxanne Wilson shared in February, 2012 (When Mom has Breast Cancer), this article on Hourly Rounding is also Qualitative (rather than Quantitative). The method of Qualitative nursing research these authors utilized was Ethnography. Ethnography enables very descriptive and focused observations – in this study, the authors listened closely to what the subjects (29 RN's and 19 T.P.'s (similar to PCA's at our hospital) had to say about Hourly Rounding and the researchers then observed what the staff were doing (rather than surveying the staff or reviewing hourly rounding log forms). While the sample size might seem small – tape recording, transcribing, and then coding 48 staff interviews is very work intensive – the goal in Qualitative Research is to reach a “saturation level” meaning that the themes heard in later interviews were similar to themes heard in early interviews. Interviews continue until no “new messages” are heard. After the interviews were analyzed and the observations conducted – six themes emerged:

- 1) **Dissemination** – While leaders at this hospital felt they gave a clear message about what hourly rounding was and how to implement hourly rounding – interviews revealed that many individuals didn't know how to “do” hourly rounding or why it was being implemented.
- 2) **Purpose of Hourly Rounding** – While nurse leaders at this hospital could clearly articulate the purpose of hourly rounding – staff members were unable to verbalize the purpose or logic of hourly rounding.
- 3) **Hourly rounding process and workflow** – because many staff did not know how to “do” hourly rounding – they didn't understand how all the components fit together, there were no cues on the unit to reinforce the education and staff did not know how to divide up the rounding responsibilities.
- 4) **Accountability** – Nurse leaders used only the hourly rounding log sheets to ensure that hourly rounding was occurring. The expectation was that staff would be completing the log sheets throughout the shift when, in fact, staff were often seen completing all of the entries on the log sheets at the end of the shift.
- 5) **Staff Attitudes** – All of the subjects overwhelmingly viewed that hourly rounding was more work instead of being an intervention which saved them work and was being inflicted upon them from management.
- 6) **Patient Safety** – Staff were unable to link hourly rounding with patient safety.

Obviously, there is a big “disconnect” between the knowledge and intent of the leaders at this hospital and the staff at the bedside. While the intentions of the education staff were good – the education provided just didn't make an impact.

**Implications for Saint Cloud Hospital:** Change is hard! Implementation of change (even when it is a good change) is even harder! Change takes time and education must be presented to staff in many different forms (presentations, posters, simulation and reminders) to reach the intended goal.

## Upcoming Education & Professional Development

### April:

- |    |   |       |  |
|----|---|-------|--|
| 1  | Perioperative Care! Renew, Refresh & Revive Conference, 7:00am-4:15pm, Windfeldt, Plaza | 19/20 | Basic ECG Course, 8:00am-4:00 pm, CMHVC Room                                 |
| 4  | NRP Course, 9:00am-1:00pm, Maple  | 20    | PEARS Course, 8:30am-3:30 pm, Skyview  |
| 9  | ACLS Refresher Course, 8:30am-5:00pm, Windfeldt, Plaza                                  | 23    | End-of-Life Training, 7:45am-4:30 pm, Windfeldt, Plaza                       |
| 5  | NCI Refresher Course, 9:00am-1:00pm, Aspen  | 24    | Preemie for a Day, 8:00am-12:00 pm or 1:00pm-5:00pm, Education Center, Plaza |
| 5  | NCI Refresher Course, 1:00pm-5:00pm, Aspen  | 25    | NCI Initial Course, 12:00pm-8:30pm, Spruce                                   |
| 10 | Medical Nsg Conference, 7:30am-4:30pm, Windfeldt, Plaza                                 | 30    | NRP Course, 8:00am-12:00pm, Birch  |
| 17 | 2 <sup>nd</sup> Annual Communication Tools, 7:30am-4:30pm, Windfeldt, Plaza             | 30    | NRP Course, 1:00pm-5:00pm, Birch   |

**CME****Schwartz Center Rounds®**

A multidisciplinary forum where clinical caregivers discuss social and emotional issues that arise in caring for patients

**April 16, 2012**

Hoppe Auditorium

**11:30-12:00 p.m. – Lunch**

(Lunch will be provided)

**12:00-1:00 p.m. – Presentation**

**“And All the King’s Men Couldn’t Put  
Humpty Together Again” –  
When Answers Don’t Come Easily in Pediatric Care**

**Physician Leader:** Merryn R. Jolkovsky, MD**Facilitator:** Jeff Wallager, BCC**Panelists:** David L. Smith, MD – Pediatrician

Rachel Calvert – Child Life Specialist

Stephanie Hagen, RN, BSN – Bedside Nurse

Michelle Scepianiak, RN, BSN – Case Manager

**Objectives:**

At the conclusion of this presentation, participants should be able to:

1. Demonstrate enhanced communication with patients, family members, and colleagues.
2. Value opportunities to explore and understand multiple perspectives across professions and disciplines.
3. Value opportunities to provide and receive professional support.

**St. Cloud Hospital**  
**CENTRA CARE Health System**

care above all

“The St. Cloud Hospital is accredited by the Minnesota Medical Association to provide continuing medical education for physicians.”

“The St. Cloud Hospital designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

“This education offering has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 contact hours. It is the personal responsibility of each participant to determine whether this activity meets the requirements for acceptable continuing education by their licensing organization. To earn contact hours, participant must attend the entire session and complete an evaluation form.”

“St. Cloud Hospital has been approved as a provider by the State of Minnesota Board of Social Work – CE Provider Approval Number CEP-77. Participants will earn 1.0 contact hour(s).”

**Please contact Deb Weber at 251-2700 x 54197 if you have special mobility, dietary, vision, hearing, or other needs.**





## **Safe Site 2.0**

### **Follow the *Universal Protocol*!**

The Minnesota Hospital Association (MHA) is conducting "**SAFE SITE 2.0**", a statewide campaign to prevent wrong-site surgeries. To date, 120 Minnesota hospitals and outpatient surgery centers are participating. St. Cloud Hospital, as part of the MHA, is participating in this work to improve the safety and quality of care by eliminating wrong invasive procedural events for our patients here in central Minnesota. Some facts about Safe Site 2.0:

- The initiative builds on the Institute for Clinical Systems Improvement (ICSI) safe-site surgical protocol, The Joint Commission's (TJC) Universal Protocol, and The World Health Organization's (WHO) Safe Surgery Saves Lives global campaign
- Implementing quality and safety strategies, such as this, provide opportunities for improvement. Adverse events of wrong patient, wrong procedure, wrong side, wrong site, and wrong implant occur more frequently than we may realize- although the causes of the errors may differ, research tells us they are rooted in communication inadequacies and lack of effective safety systems
- Prevention of "wrong" events requires the implementation of safety strategies aimed at improving patient identification and procedure verification prior to any study or invasive procedure

The **Universal Protocol** – education module was released February 16<sup>th</sup> 2012. The module discusses the objectives of Safe Site 2.0 and the elements of the Universal Protocol introduced in 2003 by the Joint Commission. The **Universal Protocol** includes:

- **Site Marking**
- **Pre-procedure Verification**
- **Time Out**

Rest assured! You already have a familiarity with the **Universal Protocol** as it has been a part of our Joint Commission tracer tools and the Pre-procedure Checklist in Epic. So, take some time to complete the computer-based education module and review the updated policy titled **Universal Protocol**, to eliminate wrong invasive procedural events in Minnesota-your efforts are appreciated!



# Clinical Ladder

Congratulations to the following RNs for achieving and/or maintaining their Level IV and Level III Clinical Ladder Status:

## LEVEL IV:

Patrice Ellering, RN Intensive Care  
Basic EKG Class  
Preceptor  
ICU Clinical Work Group  
Evidence Based Practice Team Member  
CCRN

## LEVEL III:

Jenine Graham, RN Medical 2  
Med-Surg Certified  
Presenter: Bronchoscopy & Cardioversion  
EPIC Super User

Sarah Ringler, RN Adult Mental Health  
Presenter: Psychiatric Medication  
Charge RN Committee  
Primary Preceptor

Mollie Greener, RN Bone & Joint  
Epic Super User  
Primary Preceptor  
Orthopedic Certified

Marci Timlin, RN Surgical Care  
Evidence Based Project: Employee Social Networking  
Presenter: Vascular Inservice  
Med-Surg Certified

Nicole Robinson, RN Operating Room  
SCIP Committee  
Preoperative Antibiotic Guideline Creation  
ROE Committee

Carol Primus, RN Coborn Cancer Center  
Oncology Certified  
Primary Preceptor  
Infection Control Unit Committee

Stacy Bezinski, RN Cardiac Care  
Poster Education: Angiogram-Angioplasty  
Preceptor  
CEG: Work List Co-Chair

## LEVEL III (cont'd):

Deborah Reece, RN Pediatrics  
Primary Preceptor  
Peyton's Palliative Care Committee

Mary Sand, RN Intensive Care  
Preceptor  
CCRN  
Pacer Station

Jane Austing, RN Surgery  
Proper/Safe Handling CBT  
Preceptor  
Lean Project: Patient Flow

Deb Thompson, RN Surgery  
Preceptor  
CNOR  
ROE Committee

Easter  
Blessings!

